

RECEIVED  
CENTRAL FAX CENTER  
JUN 06 2008

## FAX TRANSMISSION

**DATE:** June 6, 2008

**PTO IDENTIFIER:** Application Number 10/646,371  
Patent Number 6,940,065

**Inventor:** Graber et al.

**MESSAGE TO:** US Patent and Trademark Office

**FAX NUMBER:** (571) 273-8300

**FROM:** ROPES & GRAY LLP

Tushar Parlikar

**PHONE:** (617) 951-7000

**Attorney Dkt. #:** 106367-0002-101

**PAGES (Including Cover Sheet):** 7

**CONTENTS:** Power of Attorney and 3.73(b) Statement for Appler (2 pages)  
Power of Attorney and 3.73(b) Statement for MDS (2 pages)  
Change of Attorney Docket Number (1 page)  
This Facsimile Cover Sheet (1 page)  
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 951-7000 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

ROPE & GRAY LLP  
One International Place, Boston, Massachusetts 02110  
Telephone: (617) 951-7000 Facsimile: (617) 951-7050

RECEIVED 002/007  
CENTRAL FAX CENTER  
JUN 06 2008

PTO/SB/87 (08-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Patent No. (if known): 6,940,065

Attorney Docket No.: 106367-0002-101

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on June 6, 2008  
Date  
SignatureMary Jane DiPalma

Typed or printed name of person signing Certificate

Registration Number, if applicable(617) 951-7000

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Power of Attorney and 3.73(b) Statement for Applera (2 pages)

Power of Attorney and 3.73(b) Statement for MDS (2 pages)

Change of Attorney Docket Number (1 page)

Facsimile Cover Sheet (1 page)

This Certificate of Transmission (1 page)